

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.
10/520898
APPLICANT(S)

1062

CLAIMS							
	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT		
	IND.	DEP.	IND.	DEP.	IND.	DEP.	
1	1		1				51
2		2		1			52
3							53
4	1		1				54
5	1						55
6	1						56
7			1				57
8							58
9							59
10							60
11							61
12							62
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42							92
43							93
44							94
45							95
46							96
47							97
48							98
49							99
50							100
TOTAL IND.		↓		↓		↓	TOTAL IND.
TOTAL DEP.	←		←		←		TOTAL DEP.
TOTAL CLAIMS		[QR]		[QR]		[QR]	TOTAL CLAIMS

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FILING DATE

APPLICANT(S)

2062

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
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50						
TOTAL IND.			3			
TOTAL DEP.			17			
TOTAL CLAIMS			20			

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
53						
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100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						